19/8/9097

Application or Docket Number

1010

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			THE					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			34 minus 20=		• 14			X\$ 9=		OR	X\$18≃	252
	EPENDENT CL		3 minus 3 =					X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						Q-		+135=		OR	+270=	270
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1232
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	NTITY	OR	OTHER SMALL	
_	Editor Miles Co. 1919	(Column 1) CLAIMS	\$165 V		mn 2) (EST	(Column 3)		OIRALL (i	CILIALE	
ENT A	W.	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	t	Minus	**		e .		X\$ 9=		OR	X\$18=	
AME	Independent	ndent • Minus •••• PRESENTATION OF MULTIPLE DEPENDE			T CLAIM	= -		X40=		OR	X80=	
	FIRST FRESERVATION OF MOETIFEE DET ENDERN GEMIN							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											•	
AMENDMENT B	The second	CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.17	Minus		<u>′</u>	=		X\$ 9=		OR	X\$18=	
AME	Independent	1.3	Minus	*** 3	T CLAIM	=	4	X40=		OR	X80≕	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
	amelt 6	17/04					-	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	4.	CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	. 6	Minus		34	= Ø	1	X\$ 9=		OR	X\$18=	
AME	Independent	ENTATION OF N	Minus	PENDEN	3 VT CLAIM	1=0	-	X40=		OR	X80=	
┞	rinoi PRESI	ENIMBONOP	OLI IF LE DE	LIADEL	TI VENIM		.J	+135≃		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, nter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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